

Financial Planning Questionnaire

| Client | | Spouse/Partner | |
|---|-------------|---|--|
| Full Name: | | Full Name: | |
| Birth Date: | | Birth Date: | |
| Home Address: | | | |
| Phone (Home): | | | |
| Phone (Cell): | | Phone (Cell): | |
| Email: | | Email: | |
| <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired | | <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired | |
| Employer/Former Employer: | | Employer/Former Employer: | |
| Title/Occupation: | | Title/Occupation: | |
| Years at Current Employer: | | Years at Current Employer: | |
| Employer Address: | | Employer Address: | |
| What age do you plan to retire? | | What age do you plan to retire? | |
| Income (Gross) | | | |
| Salary | | Salary | |
| Self-Employment | | Self-Employment | |
| Pension | | Pension | |
| Social Security | | Social Security | |
| Rental Property (Net) | | Rental Property (Net) | |
| Other | | Other | |
| Children/Dependents/Grandchildren (Are you supporting them?) | | | |
| Name: | Birth Date: | <input type="checkbox"/> His <input type="checkbox"/> Hers <input type="checkbox"/> Ours | |
| Name: | Birth Date: | <input type="checkbox"/> His <input type="checkbox"/> Hers <input type="checkbox"/> Ours | |
| Name: | Birth Date: | <input type="checkbox"/> His <input type="checkbox"/> Hers <input type="checkbox"/> Ours | |
| Name: | Birth Date: | <input type="checkbox"/> His <input type="checkbox"/> Hers <input type="checkbox"/> Ours | |

Monthly Expenses

| | |
|--|---------------|
| Mortgage (P&I)/Rent (Please Provide Statement) | Amount/Mo: \$ |
| Home/Property Insurance | Amount/Mo: \$ |
| Property Taxes | Amount/Mo: \$ |
| Electricity | Amount/Mo: \$ |
| Gas | Amount/Mo: \$ |
| Water | Amount/Mo: \$ |
| Garbage | Amount/Mo: \$ |
| Phone/Cell Phone | Amount/Mo: \$ |
| Cable/Internet | Amount/Mo: \$ |
| Maintenance | Amount/Mo: \$ |
| Other | Amount/Mo: \$ |
| Food/Beverage | Amount/Mo: \$ |
| Clothing | Amount/Mo: \$ |
| Household Items | Amount/Mo: \$ |
| Personal Care | Amount/Mo: \$ |
| Cash | Amount/Mo: \$ |
| Medical/Dental/Drugs | Amount/Mo: \$ |
| Education | Amount/Mo: \$ |
| Gym Membership | Amount/Mo: \$ |
| Entertainment | Amount/Mo: \$ |
| Vacations | Amount/Mo: \$ |
| Charitable Contributions | Amount/Mo: \$ |
| Gifts | Amount/Mo: \$ |
| Subscriptions | Amount/Mo: \$ |
| Dining Out | Amount/Mo: \$ |
| Other | Amount/Mo: \$ |
| Other | Amount/Mo: \$ |
| Other | Amount/Mo: \$ |
| Notes: | |
| | |

Assets and Liabilities

Please Provide Statements

| Cash/Savings/Checking/CDs | | | |
|--|---------------|-------------------|-----------------------|
| Type/Institution Name | Current Value | Owner | Current Contributions |
| | | | |
| | | | |
| | | | |
| | | | |
| Investments (IRA, Roth IRA, JTWR0S, Individual, Trust) | | | |
| Type/Institution Name | Current Value | Owner | Current Contributions |
| | | | |
| | | | |
| | | | |
| | | | |
| Retirement (Pensions, PERS, TRS, 401k, Deferred Comp, etc) | | | |
| Type/Institution Name | Current Value | Owner | Current Contributions |
| | | | |
| | | | |
| | | | |
| | | | |
| Property (Residence, Real Estate, Vehicles, Personal Property) | | | |
| Assets | Current Value | Current Liability | Owner |
| | | | |
| | | | |
| | | | |
| | | | |
| Protection/Insurance (Life, Long-Term Care, Disability) | | | |
| Type/Institution Name | Value | Owner | Insured |
| | | | |
| | | | |
| | | | |
| | | | |

Retirement/Investment Review

Do you have a current will? Yes No Not Sure

Do you feel you are saving enough to reach your goals? Yes No Not Sure

Are you happy with the return on your investments? Yes No Not Sure

Are you satisfied with where your money is located? Yes No Not Sure

Do you want us to plan for you to receive an inheritance? Yes No Not Sure

What is your estimate of the "long term" inflation rate?

What has been your best investment?

What has been your worst investment?

Out of all your financial goals, which are most important to you?

What are the two most important areas where you feel that we can be of help to you?

Do you expect any significant lifestyle changes after retirement?

Notes:

Professional Relationships

| Advisors | Name/Company | Are you happy with them? |
|-------------------|--------------|--|
| Financial Advisor | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Accountant/CPA | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attorney | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance Agent | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DOCUMENTS NEEDED ALONG WITH COMPLETED PACKET

The following documents will be needed for study and analysis as we work together to create a financial strategy for you. It is understood that this material will be treated confidentially and returned when the plan is completed, or earlier if requested.

- **Most Recent Payroll Stubs**

- **Income Tax Returns**

- **Investments/Retirement Statements**
 - Pension/Profit Sharing
 - IRA/Roth
 - 401k/403b/TSA
 - SEP/SIMPLE
 - 529
 - Securities Accounts
 - Savings and Investments
 - Annuities

- **Liabilities**
 - Mortgage Statements
 - Credit Cards
 - Student Loans
 - Auto Loans

- **Insurance Policies and/or Statements**
 - Life
 - Disability
 - Long-Term Care
 - Auto and Home
 - Liability
 - Group Insurance

- **Wills and Trusts**